



Speech-Language Pathology and Audiology Board

1422 HOWE AVENUE, SUITE 3, SACRAMENTO, CA 95825

TELEPHONE: (916) 263-2666/ FAX: (916) 263-2668



NOTIFICATION OF CHANGE IN THE REQUIRED PROFESSIONAL EXPERIENCE

I AM REPORTING A CHANGE IN:

- ☐ SETTING (COMPLETE PART A, ITEMS 1-5, AND 8-9, AND PART B, ITEMS 14-16)
- ☐ SUPERVISOR (COMPLETE PART A, ITEMS 1-7, AND PART B, ITEMS 10-13 and 15-16)
- ☐ SUPERVISION AND SETTING (COMPLETE ENTIRE FORM)
- ☐ HOURS; I WILL BE WORKING ____ FULL-TIME ____ PART-TIME
(COMPLETE PART A, ITEMS 1-5, AND PART B, ITEMS 10-16)

I AM REPORTING AN ADDITIONAL:

- ☐ SUPERVISOR (COMPLETE PART A, ITEMS 1-4 AND PART B, ITEMS 9-13 and 16)
- ☐ SUPERVISOR AND SETTING (COMPLETE PART A, ITEMS 1-5 AND PART B, ITEM 10-16)

PART A - TO BE COMPLETED BY APPLICANT.

(PLEASE PRINT OR TYPE)

1. FULL NAME:	LAST	FIRST	MIDDLE
2. *ADDRESS OF RECORD:	STREET	CITY	STATE ZIP CODE
3. RESIDENCE TELEPHONE:	BUSINESS TELEPHONE:		
()	()		
4. FIELD:	SPEECH-LANGUAGE PATHOLOGY		
AUDIOLOGY			
5. ARE YOU EMPLOYED AS A SALARIED EMPLOYEE OF THE PUBLIC SCHOOL? ____ YES ____ NO (IF NO, PRIOR APPROVAL IS REQUIRED.)			
DO YOU RECEIVE A FORM 1099 FROM YOUR EMPLOYER? ____ YES ____ NO			
CHECK APPLICABLE SITUATION: ITINERANT ____ CLASSROOM (TEACHER) ____ PULL-OUT PROGRAM ____			
6. NAME OF PREVIOUS SUPERVISOR:	LAST	FIRST	MIDDLE LICENSE NUMBER:
7. PREVIOUS SUPERVISOR'S ADDRESS:			
8. NAME OF PREVIOUS SETTING:			
9. ADDRESS OF PREVIOUS SETTING:			

PART B - TO BE COMPLETED BY THE NEW OR ADDITIONAL RPE SUPERVISOR. REFER TO TITLE 16, CALIFORNIA CODE OF REGULATIONS, SECTION 1399.153.3 FOR SUPERVISOR'S RESPONSIBILITIES.

10. NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
11. BUSINESS ADDRESS:	STREET	CITY	STATE ZIP CODE
12. BUSINESS TELEPHONE:	LICENSE NUMBER:		
()			
13. PROPOSED EFFECTIVE DATE OF CHANGE:	NUMBER OF EMPLOYMENT CONTRACT HOURS PER WEEK:		
____/____/____ TO ____/____/____			

***YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST.**

14. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

NAME:

COMPLETE ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

15. SUPERVISION:

_____ THE RPE WILL BE WORKING FULL TIME (30-40 HOURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH DIRECT SUPERVISION. FOUR (4) OF THE EIGHT (8) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

_____ THE RPE WILL BE WORKING PART TIME (15-29 HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

16. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SUPERVISION:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		

I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

I, THE RPE SUPERVISOR, HAVE DISCUSSED THE PLAN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) WITH THE RPE APPLICANT AND HEREBY ACCEPT PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART B ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
SIGNATURE MUST BE IN BLUE INK

NOTE: Business and Professions Code Section 2532.2(d) requires that the RPE plan must be approved by the Board before employment may begin.